

# Terminal Reception Facilities Ship/Shore Safety Checklist

Date:

Ship Name:

Terminal:

Berth/Jetty:

Person in charge (Ship):

Person in charge (Shore):

## Checklist

No.	Item	Yes	No	Remarks
1	Are all relevant authorities notified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2	Are waste reception arrangements agreed and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3	Is appropriate PPE being used by all personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4	Is communication between ship and shore established and tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5	Are emergency procedures agreed and understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6	Is reception equipment in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7	Spill response equipment available and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8	Is ship securely moored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Additional Comments

Ship's Representative

Shore Representative

Name:

Signature:

Date:

Name:

Signature:

Date: